

Bridging the Gap Learning Academy



Hope, Dream, Believe

1368 South 28th St.; Suite 200

Louisville KY 40211

O (502) 384-5128

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www.bridgingthegapla.org

BTGLA APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____
Last First MI

Social Security #: _____

Date of Birth: _____

Address: _____
Street City State Zip

Daytime Phone #: _____ Cell Phone #: _____

Position Desired (circle one): **Counselor** **Instructor / Teacher**

Have you ever worked with children? Yes _____ No _____ If yes, give details:

Position: _____ Company: _____

Dates: From _____ To _____ Reason for Leaving: _____

Position: _____ Company: _____

Dates: From _____ To _____ Reason for Leaving: _____

Position: _____ Company: _____

Dates: From _____ To _____ Reason for Leaving: _____

Position: _____ Company: _____

Dates: From _____ To _____ Reason for Leaving: _____

Education: (circle highest grade completed)

1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 Graduate School: 1 2 3 4

Current / Last School Attended:

Degree(s): _____

In case of an emergency, we are to contact:

Name: _____ Phone #: _____

Address: _____ Relationship: _____

I authorize investigation of all statements contained in this application.

I understand that any false or misleading statement will exclude me from consideration for employment.

Applicant's Signature

Date

Bridging the Gap Learning Academy is an Equal Opportunity Employer